

STATE OF COLORADO, DIVISION OF ADMINISTRATIVE HEARINGS

Filed at:

1120 Lincoln Street, Suite 1400, Denver, CO 80203 (for hearings in Denver and northern Colorado)

1259 Lake Plaza Drive, Suite 210, Colorado Springs, CO 80906 (for hearings in southern Colorado)

222 S. 6th Street, Suite 414, Grand Junction, CO 81501 (for hearings in western Colorado)

RESPONSE TO APPLICATION FOR HEARING

Claimant,

W.C.#: _____

vs

Employer,

and

Date of Injury: _____

Insurer, Respondents.

A. Response to Application for Hearing: Filed by or for _____
(Print Name of Party)

In addition to the issues marked on the Application for Hearing, the following issues shall be considered at the hearing:

Compensability

Temporary Total Benefits from

Medical Benefits

_____ to _____

Authorized provider

Change of physician

Reasonably necessary

Related to injury

Treatment after max. improvement

Temporary Partial Benefits from

_____ to _____

Average Weekly Wage

Permanent Partial Benefits

Subsequent Injury Fund

Permanent Total Disability Benefits

Petition to Reopen Claim

Death Benefits

Disfigurement

Insurance Coverage

Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.

Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc):

Witnesses to be called at the hearing or by deposition: List names and addresses:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

(Attach additional pages if necessary)

D. Signature:

X

Signature

Street Address

Print/Type Name

City, State, Zip Code

Attorney Registration Number

Phone Number

FAX

Date

E-Mail Address

ف Check here if this is the Entry of Appearance for the Attorney. Party Attorney is Representing

(Print Name of Party)

E: Certificate of Mailing

I hereby certify that I mailed or delivered the original of the Response to Application for Hearing to:

ف Division of Administrative Hearings
1120 Lincoln Street, Suite 1400
Denver, CO 80203

ف Division. of Administrative Hearings
1259 Lake Plaza Dr., Suite 210
Colorado Springs, CO 80906

ف Division of Administrative Hearings
222 South 6th Street, Suite 414
Grand Junction, CO 81501

And copies to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.)

Signature

Date Mailed

REV 06/03